

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/528,345
	Filing Date	September 25, 2003
	First Named Inventor	JENSEN, Craig
	Title	ROTARY DISTRIBUTION APPARATUS
	Art Unit	
	Examiner Name	
Attorney Docket Number		087419-000000US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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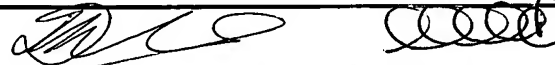
<input type="checkbox"/> Firm or Individual Name				
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City		State		Zip
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	21/06/05
Name	DAVID M. MEADOWS S.L. SUBBIT	Telephone	2732 4894311
Title and Company	EXECUTIVE DIRECTOR - TECHNOLOGY MANAGEMENT, TONGAAT-HULETT SUEAR		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.